

OFFICE OF ECONOMIC OPPORTUNITY  
**EMERGENCY SHELTER GRANTS PROGRAM**

**FINANCIAL STATUS REPORT**

**1. RECIPIENT ORGANIZATION (name and complete address, including ZIP code)**

	<b>2.CONTRACT NUMBER</b>		<b>3. PROJECT/CONTRACT PERIOD(Month,Day,Yr)</b>	
			FROM: July 1, 200__	
	<b>4.FINAL REPORT</b>		TO: June 30, 200__	
		Yes	<b>5. PERIOD COVERED BY THIS REPORT</b>	
		No	FROM:	
	<b>6. ACCOUNTING BASIS</b>		TO:	
Telephone Number _____	CASH		<b>7. DATE REPORT SUBMITTED</b>	
FAX _____	ACCURAL			

8. Component	9. Total Expenditures Previously Reported	10. Current Period Expenditures	11. Total Expenditures to Date	12. Approved Budget	13. Unexpended Balance
Operations	\$ -	\$ -	\$ -	\$ -	\$ -
Services			\$ -		\$ -
Homeless Prevention			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
			\$ -		\$ -
TOTAL	\$ -	\$ -	A. \$ -	\$ -	\$ -
Matching Funds					
OEO USE	B. Cash received Grant to Date		\$ -	<b>Certification for Financial Assistance Agreement</b> As Chief Executive Officer of the recipient organization, I hereby certify that the cost of units billed for reimbursement on the above Financial Status Report were incurred or delivered according to the provisions of the assistance agreement. I further certify that any required matching expenditures have been incurred, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payment under this contract.	
	C. Cash Balance c=b-a		\$ -		
	D. CASH REQUESTED		\$ -		
				Signature of Authorized Certifying Official	
				Typed or Printed Name of Certifying Official	
				Typed or Printed Name and Title of Preparer	
				Signature of Preparer	